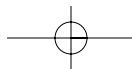
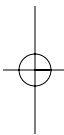
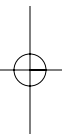
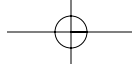


# How Can We Prevent Underage Drinking?



## Action Steps for Arkansans

APRIL, 2007



# How Can We Prevent Underage Drinking?

## Action Steps for Arkansans

# Acknowledgements

The Arkansas Underage Drinking Prevention Task Force is a combined effort between the Strategic Prevention Framework State Incentive Grant (SPF SIG) and the federal initiative that allowed Arkansas to participate in the 2006 “Preventing Underage Alcohol Use: A Four-State Meeting.” Their charge has been to develop a response from Arkansas detailing how this state will address underage drinking. The response, which is this document, is detailed to include recommendations to coordinate efforts between the state and local communities.

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# Introduction

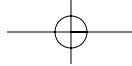
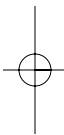
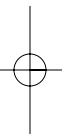
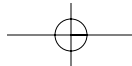
“Alcohol is the leading contributor to the leading cause of death of young people in the United States,” according to Ralph Hingson, Director of Epidemiology and Prevention Research at the National Institute on Alcohol Abuse and Alcoholism, at the 2006 National Prevention Network Prevention Research Conference. The Arkansas underage (under 21 years old) alcohol-related crash death rate is 4 per 100,000, which is higher than the U.S. rate<sup>1</sup> of 3 per 100,000.

The most effective way to reduce these numbers is to enact multi-faceted prevention practices that target individuals, families, schools, the environment, and the Community. Recommendations in this document were created by the Arkansas Underage Drinking Prevention Task Force to help guide state and community entities in preventing underage drinking. The recommendations are organized according to a five-step logic model, the Strategic Prevention Framework (SPF), set forth by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) (see Glossary). The publication *Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results* is referenced many times in this document and can be found online<sup>2</sup>.

“How Can we Prevent Underage Drinking? Action Steps for Arkansans” is intended to be used by anyone who wants to prevent and reduce alcohol use and abuse in Arkansas. It is an action tool to assist parents, community leaders, community coalitions, educators, advocates, healthcare professionals, and policymakers to lead the way in this important effort.

## Strategic Prevention Framework







# ASSESSMENT

The three main questions regarding underage drinking that the state and local communities need to ask are:

- What are the specific problems?
- What causes them?
- How can we prevent the problems?

Data is listed below to help answer the first two questions. The Implementation section lists ways to prevent the problems.

The ultimate goal in this effort to prevent and reduce underage drinking is to increase protective factors and reduce risk factors. Since those factors are unique for each part of the state, as well as each individual, comprehensive assessment activities need to be done so accurate information is available to address the problem.

## State Role

Arkansas currently collects data on underage drinking in the public school population through two surveys: the Arkansas Prevention Needs Assessment (APNA) Student Survey and the Youth Risk Behavior Survey (YRBS).

Data from the 2005 APNA and YRBS reports show:

- 65% of 10th graders and 74% of 12th graders reported consuming alcohol **during their lifetime** (APNA).
- 34% of 10th graders and 43% of 12th graders reported consuming alcohol within the **past 30 days** (APNA).
- 21% of the 10th graders and 27% of the 12th graders reported **binge drinking within the past 2 weeks** (APNA).
- 28% of high school students have **ridden with a driver who drank** and 13% **drove after drinking** (YRBS).
- Students who reported drinking in the past 30 days were more likely to be suspended, feel like a failure, and be arrested than students who did not drink (APNA).

The State also collects data on Driving Under the Influence (DUI), alcohol-related crash fatalities, and alcohol use by pregnant women. The most recent data indicates:

- 872 licenses were suspended because a driver under age 21 had a blood alcohol concentration between 0.02 and 0.08 (July 2004 - June 2005).
- 2.7% of new Arkansas mothers under age 20 reported having 1 - 2 drinks per week during the last 3 months of pregnancy, according to the Pregnancy Risk Monitoring System (PRAMS 2000-2003).

National Highway Traffic Safety Administration (NHTSA) data indicates the death rate for 2000 to 2004 (accidents involving an inebriated driver or pedestrian) in the state's 43 dry

counties was noticeably higher than in wet counties, at 4.6 deaths per 10,000 people. Of these, the rate grew to 4.9 deaths per 10,000 people in the 11 counties where no alcohol can be legally sold<sup>3</sup>. See Appendix A.1 for a map of the state's wet and dry counties and the total vs. alcohol/drug-related fatalities by county.

Finally, *Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas* (see Appendix A.2) is an annual report prepared for ADAP. *Risk Factors* is a valuable resource for planning. It compiles available data on community, family, school, peer/individual, and consequence-level factors that are correlated with drug and alcohol use.

## Recommendations to the State

Statewide data collection efforts will be more accurate if the following groups are included in needs assessments:

- Young adults who are not in a school setting after they leave high school and private school students (K-12).
- Schools that currently do not participate in the APNA.
- College students need to be more involved in college surveys to adequately capture the numbers for alcohol use by young adults.

Another recommendation is to enact legislation requiring state agencies to collect uniform data consistent across counties and compatible across state agencies. This will insure the ability to compile data collected by various agencies to meet state reporting requirements,

including the SAMHSA National Outcomes Measures (NOMs).

Other recommended legislation includes making DUIs an offense that cannot be suspended so that repeat offenders can be tracked over time.

## Community Role

Communities need to be aware of local data on underage drinking so they can:

- do prevention planning that is specific to the needs of their community,
- identify what local data is not available, and
- monitor and evaluate to see if the programs they implement are having an effect.

Data gathered during needs and resource assessments are crucial to the development of briefing papers, grant applications, and educational materials and allows communities to:

- Identify how youth obtain alcohol (e.g., stores, restaurants, parents, friends, older siblings).
- Identify where underage youth most frequently drink (e.g., school events, homes, fields, woods, and motels).
- Identify which groups of youth are the most involved in underage drinking (e.g., high school, college students).
- Identify which environmental and other factors in the community are most associated with underage drinking.
- Assess existing community resources to combat underage drinking.
- Obtain baseline data that can be monitored for changes over time.
- Gather support from stakeholders.

County-level data is available through a

number of sources (see Appendix A.2). Communities need to have access to and understand student survey results so they can accurately plan prevention activities that are specific to their needs.

## Recommendations to Communities

- Community coalitions need to conduct their own Needs and Resource Assessments (See Appendix A.2)
- Communities need to encourage and support schools to participate in student surveys on the K-12 and college levels.

- School districts should be encouraged to share district-level data with their community.
- Student survey data and community assessment data should be distributed to key stakeholders.
- Schools need to report if alcohol is involved when disciplinary actions are taken.

If a community has not conducted a recent assessment, there are a number of resources available to them. Several organizations have prepared documents to help communities do needs assessments step by step (see Appendix A.2).

# CAPACITY

In determining the capacity, or the ability to solve the problem, three questions need to be answered:

- **Who are the key players?**
- **What resources do we currently have?**
- **What resources do we need?**

Resources for capacity development already exist in Arkansas. These are only a few:

- The MidSOUTH Prevention Institute at the University of Arkansas at Little Rock offers free prevention classes.
- Prevention Resource Centers (PRCs) are located in 13 regions of the state. A complete listing of the PRCs is in Appendix B.1.
- The Division of Youth Services funds community-based providers that offer resources for teen substance abuse prevention.
- Hometown Health Improvement groups are available to empower communities to identify and implement solutions to solve health problems.

## State Role

The Task Force has compiled a list of additional resources including education, highway safety, colleges, juvenile and district courts, etc. The Task Force has identified the key players as major resources for the state and communities. These agencies and organizations are leaders at the state level that fulfill critical roles in underage drinking prevention. Refer to Appendix B.2 for a detailed description of the following agencies.

- **Alcoholic Beverage Control Enforcement (ABCE)**
- **Arkansas Collegiate Drug Education Committee (ACDEC)**
- **Arkansas Department of Education (ADE)**
- **Arkansas State Police Highway Safety Office (ASPHSO)**
- **Mothers Against Drunk Driving (MADD), Arkansas**
- **Office of Alcohol and Drug Abuse Prevention (ADAP)**
- **Division of Health (DOH)**
- **Drug and Alcohol Safety Educational Program (DASEP)**
- **State Epidemiological Workgroup (SEW)**

As the preceding list indicates, a number of state agencies, committees, and nonprofit groups are currently trying to reduce underage drinking in the state. Appendix B.3 lists other state and federal organizations that are excellent resources as well.

ADAP has also received federal dollars (through the SPF SIG) to help address the issue in Arkansas.

At the state level, future efforts should focus on improving interagency collaboration to make sure we get the most from existing resources and so our state can build on its success in this effort.

## Recommendations to the State

- Strengthening its capacity, resources, overall interagency cooperation and collaboration among the state, counties, and local communities.
- Continually maintaining the state level Task Force as a policy-recommending body.
- Promoting evidence-based programming as a prerequisite for receiving state funds.
- Increasing utilization of enforcement personnel in prevention efforts.
- Using assets (websites, newsletters, etc.) to increase education for communities about available grant programs, including those for underage drinking prevention, and resources for applying for and writing grants.
- Creating an underage drinking prevention website that incorporates all that AR has to offer in training and resources.

## Community Role

Communities need to build capacity at the local level and include key stakeholders, resources, etc. Increased capacity allows for more opportunities to implement successful programs, practices, policies, and/or strategies.

## Recommendations to Communities

- Communities need to be aware of and have access to resources available to assist them.
- In general, communities need to increase their abilities to capture grant money.
- PRCs should provide information to communities about NREPP and evidence-based programs, policies, practices, and funding opportunities.
- Local authorities, law enforcement and ABC Enforcement agents need to improve collaboration on local underage drinking prevention efforts.
- It is important to consider the following sectors of the community and/or key stakeholders when building capacity:
  - Youth (an individual age 18 or under)
  - Young adults 20 and under
  - Parents
  - Business community
  - Media (print and broadcast)
  - Schools
  - Youth-serving organizations
  - Law enforcement agencies
  - Civic and volunteer groups
  - Healthcare professionals
  - Faith-based organizations
  - Representatives that bring perspective on cultural diversity
  - Other organizations involved in reducing substance abuse

# PLANNING

## Why is prevention planning important?

Comprehensive prevention planning on both the state and community level should be done so prevention efforts will be accurately focused. As mentioned earlier, the correct protective factors need to be in place so that the intended risk factors will decrease. (See Appendix C for more information on risk and protective factors and other planning resources.)

Setting goals is a critical part of planning. Goals guide individuals to understand where more work needs to be done. Also, it will allow for measurement of success.

It is important to have an ongoing planning document that specifies who will do what, when, and where.

## State Role

Planning issues are larger at the state level, which is why documents such as this one and the *State of Arkansas Strategic Prevention Framework* have been developed.

## Recommendations to the State

- Follow best practices set by the various federal funding sources (i.e., SAMHSA, OJJDP, etc.) to ensure cultural competency, future funding, sustainability, and measurable outcomes, such as the Strategic Prevention Framework.
- There should be a statewide discussion on underage drinking. An ongoing forum should be held where key stakeholders can collaborate and inform each other about their agencies, activities, resources, and data.
- The Underage Drinking Prevention Task Force should schedule strategy sessions around the state with key stakeholders, which would eventually result in local communities forming and implementing similar strategies. The strategies need to be sustained through advance planning and periodic review.
- All state-level planning for underage drinking needs to be accomplished in collaboration with this Task Force and in alignment with federal strategies.
- The policies need to be specific to Arkansas' needs, including social norms.
- The state needs to review the current level of the alcohol excise taxes and recommend an increase, if appropriate. If recommended, those increased funds should be earmarked for underage drinking prevention.



## Community Role

After a community has completed an assessment, it can determine its planning needs. The APNA student survey data is an important planning tool available on the internet. Comprehensive planning on the county level should incorporate many evidence-based strategies to reduce underage drinking.

## Recommendations to Communities

(These recommendations are for all communities located in either wet or dry counties.)

- Each community should develop a comprehensive plan to address underage drinking before problems arise, instead of reacting after a problem occurs.
- The comprehensive plan should include measurable goals, objectives, and outcomes, as well as realistic, proven strategies.
- Communities should engage youth in all steps of planning to ensure their perspective is integrated into the process.
- While planning, communities should develop a calendar of high-risk events (where alcohol may be promoted/used), and then meet with the event committees to plan strategies for preventing underage drinking.
- Environmental strategies should be incorporated into the plan. Refer to the Implementation section for a list of possible environmental strategies for communities to consider.
- Communities should conduct forums regularly with local key stakeholders to ensure their continued involvement. Key stakeholders are mentioned in the Capacity section.

# IMPLEMENTATION

While preparing to implement prevention practices, policies, and/or strategies, two important questions need to be asked:

**Are the following multi-component prevention strategies being used to target the following groups?**

- Individuals
- Family
- School
- Environment
- Comprehensive Community

**Which prevention strategies have been shown through research to be effective?**

Please see Appendix D.1 for websites that provide information about guiding principles and best practices for prevention.

Implementing a program, practice, or policy that has already proven to be successful can help reach the goal of preventing underage drinking. Also, a number of environmental strategies have proven to be effective in reducing underage drinking.

## State Role

The state is able to set the standards and provide resources for underage drinking prevention, as specified in the following recommendations.

## Recommendations to the State

- As part of a comprehensive effort, conduct a statewide media campaign that has been researched for proven effectiveness. The campaign needs to target adults and their responsibilities for preventing/reducing underage drinking. It also needs to target youth to prevent the onset of underage drinking.
- Engage community coalitions to serve as messengers on the local level to change: social norms; alcohol access/availability; media messages; and policies and enforcement.
- Collaborate with statewide media sources to promote positive outcomes that occur when young people do not drink alcohol.
- Conduct an evaluation of current underage drinking-related statutes to determine if an Omnibus Law is needed for consistent support of enforcement.
- The “Arkansas State Police Driver License Test Study Guide” and driver testing needs to include more information about underage drinking, minor in possession laws, and the related legal consequences, such as administrative license suspensions and criminal charges.



- State-funded educational institutions should not allow the sale or use of alcohol on their state properties or in their facilities.
- Comprehensive social host laws are needed to hold individuals responsible for serving alcohol to minors.
- While Arkansas has made progress towards comprehensive graduated driver's license laws, more measures are needed such as:
  - Supervised license with restrictions,
  - Night time restrictions, and
  - Occupancy restrictions.
- The medical community needs to increase parental awareness about underage drinking. **Age 12 is the average age of first consumption of alcohol in Arkansas.**

## Community Role

While the state can provide leadership and guidance for the prevention of this underage drinking, it cannot specifically target the needs in each diverse community as well as each community can. Below are recommendations to communities to address underage drinking on the local level.

## Recommendations to Communities

Community coalitions can play a huge role in promoting awareness and in initiating local discussions on underage drinking. The following list includes several ways to do this.

- Provide consistent messages against underage drinking that are specific to the needs of their areas. These might include: **speaking out** against on-site alcohol sales at local colleges; **calling for** schools to conduct mandatory alcohol testing programs before students can participate in sports; and/or **creating awareness** regarding social host liabilities.
- Engage local media outlets and private businesses to increase their involvement in the effort.
- Publicize programs through news releases and public service announcements.
- Use a newsletter to highlight facts about the consequences of impaired driving, share non-alcoholic drink recipes, provide safe hosting tips, etc.
- Host a community forum on ways to reduce underage drinking.
- Contact organizers of events where alcohol is involved, such as pub crawls, to distribute literature and discourage underage drinking.
- Conduct fundraising events (e.g., silent auctions, bake sales, pot luck dinners) to provide seed money for underage drinking prevention programs.
- Build a solid relationship with local law enforcement.
- Support the proper enforcement of laws by working with law enforcement to enforce graduated driver's license laws.

## Environmental Strategies

Environmental strategies focus on solutions and approaches for changing the conditions that contribute to underage drinking<sup>5</sup>. They should target four areas:

### 1. Community Norms

Action and agreed upon norms of behavior by parents and other adults.

### 2. Access and Availability

Laws and regulations within our communities and our state. Business practices used by those who sell and serve alcohol.

### 3. Media Messages

Messages youth see, hear and read about alcohol.

### 4. Policy and Enforcement

Strategies utilized by law enforcement officials.

See Appendix D for more information on environmental and individual strategies.

## Proven Environmental Strategies

The following strategies seek to establish or change community standards, codes, and attitudes, thereby influencing the incidence and prevalence of alcohol abuse in the general population<sup>6</sup>.

- Price interventions
- Minimum-purchase-age interventions
- Deterrence interventions
- Interventions addressing location and density of retail outlets
- Restrictions on use
- Server-oriented interventions
- Counter-advertising

# EVALUATION

Evaluation is crucial because it tells us:

- What works,
- What doesn't work, and
- What needs improvement?

In the beginning of prevention planning it is important to ask this question:

## How will you evaluate your prevention efforts?

Evaluation methods are done differently depending on the type of effort implemented. Efforts can include, but are not limited to, model programs, environmental strategies, and changes in public policy.

To evaluate any effort you need two things: 1) a measure of what things were like before you implemented a program, practice, or policy and 2) a measure of what things were like afterwards. To get worthwhile information from an evaluation, the most important things to consider are the outcomes you want to achieve and how to measure them.

## State Role

The State prevention services are currently funded by two federal grants, the Substance Abuse Prevention & Treatment Block Grant (SAPT) and the Strategic Prevention Framework State Incentive Grant (SPF SIG); evaluation is a key factor in maintaining both grants.

SAMHSA, the federal agency funding these grants, developed a set of indicators that are important measurements of success. These National Outcome Measures (NOMs) are being used by SAMHSA to determine how effective a state's efforts are in impacting change in these indicators. All states are required to implement the NOMs and to use a state-level reporting system that provides an accurate and current picture of both prevention and treatment services supported by the grants. This will allow SAMHSA to examine the impact of prevention funding and track the state's progress over time. However, as of 2006, there are little, if any, efforts on the state level to evaluate the state's efforts in underage drinking prevention.

DOMAIN	OUTCOME	PREVENTION
Abstinence	Abstinence from Drug/Alcohol Use	<ul style="list-style-type: none"> <li>• 30-day substance use (non-use and/or reduction in use)</li> <li>• Perceived risk of use</li> <li>• Age of first use</li> <li>• Perception of disapproval</li> </ul>
Crime & Criminal Justice		Alcohol-related car crashes and injuries

The table to the left highlights the NOMs that relate to the underage drinking priorities for the state as chosen by the SPF SIG project.

## Recommendations to the State

- Ensure that mechanisms are in place to meet the reporting requirements of the NOMs.
- Evaluate the following important long-term outcomes:
  - Alcohol-related problems (including crimes and impaired driving).
  - Rates of DUI arrests and convictions.
  - Rate of teen drinking.

## Community Role

As one would expect, evaluation efforts on the community level are just as important as state-level evaluation. Conducting an outcome evaluation can determine how well strategies are working to prevent/reduce underage drinking.

## Recommendations to Communities

A community can stay in tune with the area it serves by tracking effectiveness; receiving and processing key stakeholder feedback; documenting community changes and measuring substance abuse outcomes. Evaluation allows a community to make needed adjustments to ensure that intended outcomes are realized.

Conducting an outcome evaluation on environmental strategies is important because it will answer important questions such as:

- How well did the environmental strategy work?
- Should the environmental strategy continue?
- What evidence proves that funders should continue to spend their money on this environmental strategy?

### **Examples of specific outcomes that should be measured are:**

- Reduced access to alcohol for underage youth.
- More responsible serving practices.
- Decline in the number of alcohol licenses issued.
- Decline in the number of conditional use permits when granting alcohol licenses.
- Decrease in the number of alcohol outlets that are not in compliance with conditions needed to maintain alcohol sales permits (e.g., a responsible server education program).
- Increase in the number of alcohol outlets that implement happy hour restrictions.
- Increase in the number of public events that restrict access to alcohol.
- Reduction in the number of alcohol-related car crashes, injuries, and death.
- Reduction of alcohol use and related problems as indicated in student surveys, such as the APNA.
- Reduction in juvenile justice problems related to alcohol use.
- Reduction in the number of youth in treatment related to alcohol abuse.

# SUSTAINABILITY

Sustainability can be defined as maintaining a community infrastructure in order to continue meeting the needs of a target population. This includes effective prevention, intervention, and funding.

The Center for Substance Abuse Prevention (CSAP) says that sustainability refers to the process through which a prevention system becomes a norm and is integrated into on-going operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, partnerships are strengthened and long-term financial and other resources are secured.

## State Role

The state's role in sustainability is to provide training and technical assistance to communities on how to create and maintain sustainability. As mentioned in the Capacity section, there are several resources available at the state level.

## Recommendations to the State

- Provide technical assistance and training for communities seeking assistance with sustainability.
- Sustainability plans should include all state partners.

## Community Role

Sustainability for these purposes usually means continuing funding of strategies or programs after the initial funding is over. For example, environmental strategies are more likely to be sustained if they show positive outcomes and are adapted to fit the needs of the community.

## Recommendations to Communities

Communities should develop long-term key stakeholder buy-in to secure financial sustainability with their efforts.

There are three general approaches to sustainability<sup>7</sup>.

1. Obtain new external funding to continue the environmental strategies (e.g., obtain new grant funding).
2. Encourage the host organization or community to put its own resources into continuing the environmental strategy (e.g., law enforcement will implement compliance checks and sobriety checkpoints.)
3. Convince state, county, or city agencies to include the environmental strategies in "on-going" public funding (e.g., block grants, state incentive grants, and state/local agency funding streams)

# CULTURAL COMPETENCE

Cultural competence involves a set of interpersonal skills that allows us to increase our understanding and appreciation of cultural differences and similarities within, among and between groups. It is important because, if we are going to change behavior, we need to know what people believe and why (see Appendix C.2).

## State Role

To understand the culture of a specific community or target population, it is important to involve their members in order to gather their perceptions on community history, traditions, beliefs, and practices as they relate to underage drinking (see *Culture* in Glossary).

The Strategic Prevention Framework requires cultural competence to be imbedded in all five steps.

## Recommendations to the State

- Comprehensive planning should include all populations and ethnic groups.
- Special needs populations need to be considered in all planning efforts.
- All planning efforts need to be accessible to all Arkansans.

## Community Role

Community efforts will be more successful and sustainable by choosing the most culturally appropriate strategies.

## Recommendations to Communities

Communities can determine the best “fit” for their selected strategies by considering:

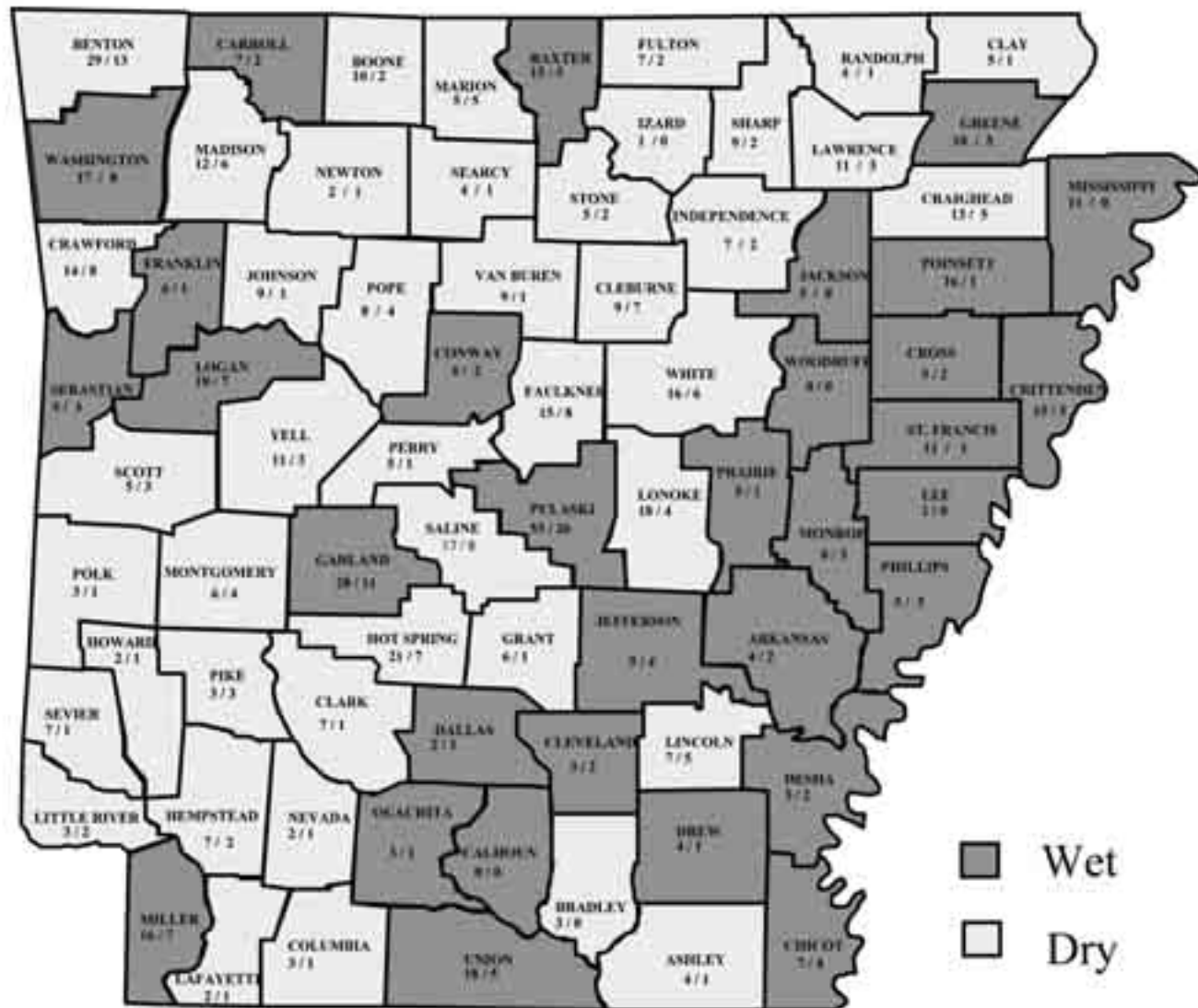
- How the proposed strategies fit with the **values and practices of the community**.
- How the plan to reduce underage drinking will fit with the **characteristics of the target population**.
- Whether the **philosophy and mission of key partners** (e.g., alcohol, tobacco and other drugs (ATOD) agencies, faith community, etc.) are compatible with the proposed strategy (e.g., a controlled drinking program may not fit well with an agency that endorses total abstinence).
- The **cultural context and readiness** of the community to implement a plan to prevent underage drinking.
- The **priorities of key partners**, including law enforcement, funders, policymakers, service providers, community leaders, participants, and alcohol merchants.
- The **presence of existing programs and services** that serve the target population.



## Appendix A – Community Assessment Resources

### A.1 Arkansas Wet/Dry Counties and Traffic Crash Fatalities

#### TOTAL FATALITIES VS. ALCOHOL/DRUG RELATED FATALITIES BY COUNTY\*



County	Number of Counties	Total Fatalities	Alcohol/Drug Related Fatalities	% Alcohol/Drug Related
Wet	32	308	115	37%
Dry	43	346	132	38%

\*Arkansas 2005 Traffic Crash Statistics, Arkansas State Police Highway Safety Office

## A.2 Assessment, Data, and Other Important Resources

### Alcohol-related Crash Statistics

[http://www.asp.arkansas.gov/hso/hso\\_index.html](http://www.asp.arkansas.gov/hso/hso_index.html)

### Arkansas Crime Information Center

Includes arrest data from 2000-2002 and 2005. <http://www.acic.org>

### Arkansas Prevention Needs Assessment Student Survey (APNA)

This annual survey measures the risk and protective factors for prevention services among public school students in grades 6, 8, 10, and 12 in the areas of substance abuse, delinquency, antisocial behavior and violence. This survey is provided at no cost to participating public school districts. Data are analyzed on county, regional and state levels and reported in public documents. Participating school districts receive confidential data reports at both the school building and district levels. These data satisfy the U.S. Department of Education's Safe and Drug Free Schools (SDFS) Program requirement for a school needs assessment. The initial APNA survey was implemented in December 2002 and has since been funded annually by ADAP. The APNA survey reports can be seen online at: <http://www.state.ar.us/dhs/dmhs> (go to ADAP Prevention Reports) or <http://apna.ualr-iea.org>.

**Center for Substance Abuse Prevention (CSAP)** Under the umbrella of SAMHSA, CSAP is the lead Federal agency for substance abuse prevention, and makes grants to State and local governments and private organizations to engage in a wide variety of prevention activities. The mission of CSAP is to decrease substance use and abuse and related problems among the American public by bridging the gap between research and practice. CSAP fosters the development of comprehensive, culturally appropriate prevention policies and systems that are based on scientifically defensible principles and target both individuals and the environments in which they live. [www.samhsa.gov](http://www.samhsa.gov)

### FACE® Community Alcohol Personality Survey

FACE is a national non-profit organization that supports sensible alcohol policies and practices through the development of messages, strategies and training designed to create public awareness and action on alcohol issues. FACE envisions a nation where public policy, community organizations and individuals come together to reduce the negative effects of underage drinking and the misuse and abuse of alcohol by adults. <http://www.faceproject.org/About/index.html>

### Know the Facts: Substance Abuse in Arkansas

[http://www.arkansas.gov/dhhs/dmhs/adap\\_survey.htm](http://www.arkansas.gov/dhhs/dmhs/adap_survey.htm)

### National Outcome Measures (NOMs)

A set of outcome measures based on 10 domains created by SAMHSA and the States to manage and measure the performance of all SAMHSA grant programs. The NOMs are a key component of the SAMHSA initiative to set performance targets for state- and federally-funded initiatives and programs for substance abuse prevention and mental health promotion, early intervention, and treatment services. For more information on the NOMs domains and their associated outcome measures, go to: <http://www.nationaloutcomemeasures.samhsa.gov/>.

### National Registry of Evidence-based Programs and Practices (NREPP)

NREPP is a system designed to support informed decision-making and to disseminate timely and reliable information about interventions that prevent and/or treat mental and substance use disorders. The NREPP system allows users to access descriptive information about interventions as well as peer-reviewed ratings of outcome-specific evidence across several dimensions. NREPP provides information to a range of audiences, including service providers, policy makers, program planners, purchasers, consumers, and researchers. [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

### Pregnancy Risk Assessment Management Survey (PRAMS)

A surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. <http://www.cdc.gov/PRAMS/States/Arkansas.htm>

### Risk Factors for Adolescent Drug & Alcohol Abuse in Arkansas (ARF)

An annual publication citing prevention related statistics compiled from various state agencies. The University of Arkansas at Little Rock (UALR) Census State Data Center, Children's Research Center produces the document with funding from ADAP. <http://www.aiea.ualr.edu/census/crc/riskfactors.html> or <http://apna.ualr-iea.org/>



### **Tools for Community Leaders: A Guidebook for Getting Started**

A SAMHSA publication also available online at: <http://ncadi.samhsa.gov/features/ctc/resources.aspx> under Tools.

### **Youth Risk Behavior Survey (YRBS)**

A validated survey instrument designed to assess the level of involvement in risky behaviors of high school-aged youth. The Center for Disease Control and Prevention (CDC) requires a state department of education to implement the survey biannually using a random sample of public high schools in the state. See the YRBS Underage Drinking Data for participating counties at <http://www.healthysarkansas.com/data/data.html>.

## **A.3 Underage Drinking Prevention Resources – Publications & Websites**

**10 Drug and Alcohol Policies That Save Lives, Join Together**, 2004. [www.jointogether.org/sa/action/tenpolicies](http://www.jointogether.org/sa/action/tenpolicies)

**Preventing Problems Related to Alcohol Availability: Environmental Approaches** (Three-part Series: Practitioner's Guide, Parent and Community Guide, and Reference Guide). Published by the federal Center for Substance Abuse Prevention (CSAP). <http://ncadi.samhsa.gov/govpubs/PHD822>, or call the **National Clearinghouse for Alcohol and Drug Information (NCADI)** toll-free at 800-729-6686.

**Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results.** <http://www.cas.sc.edu/psyc/PDFDocs/WanderPreventUnderageDrink.pdf>

**Reducing Underage Drinking: A Collective Responsibility**, National Academy of Sciences Institute of Medicine, 2003. <http://books.nap.edu/catalog/10729.html>

### **Solutions to Community Alcohol Problems, A Roadmap for Environmental Prevention.**

A community guide published by the Marin Institute in San Rafael, CA. The Marin Institute works to reduce alcohol problems through environmental prevention – improving our physical and social environment to advance public health and safety. The Marin Institute also promotes effective alcohol policy, conducts media advocacy, and supports grassroots campaigns in Marin County, California and nationwide. [www.marininstitute.org](http://www.marininstitute.org)

### **State of Arkansas Strategic Prevention Framework**

[www.arkansas.gov/dhhs/dmhs/Arkansas%20Strategic%20Prevention%20Framework.htm](http://www.arkansas.gov/dhhs/dmhs/Arkansas%20Strategic%20Prevention%20Framework.htm)

## Appendix B – Community Capacity-building Resources

### B.1 Prevention Resource Centers

**Region 1** – Serves Benton, Carroll, Madison, Washington Counties

Operated by *Decision Point*

614 East Emma Street, Suite M428

Springdale, AR 72764

Ms. Laurie Reh, PRC Coordinator

(479) 927-2655

Fax: (479) 927-2752

[lreh@jtlshop.jonesnet.org](mailto:lreh@jtlshop.jonesnet.org)

**Region 2** – Serves Baxter, Boone, Marion, Newton, and Searcy Counties

Operated by *North Arkansas Partnership for Health Education Area Health Education Center* (AHEC-NW)

Ms. Shelly McCall, PRC Coordinator

303 N. Main St., Ste. 304

Harrison, AR 72601

(870) 391-3178

FAX: (870) 391-3507

[smccall@northark.edu](mailto:smccall@northark.edu)

**Region 3** – Serves Fulton, Izard, Sharp, Stone, Jackson, Cleburne, Van Buren, White, Woodruff, and Independence Counties

Operated by Health Resources of Arkansas with offices in Augusta, Batesville and Mountain View.

Ms. Pat Brannin, PRC Coordinator

893 Highway 64E

Augusta, AR 72206

(870) 347-5903

Fax: (870) 347-1457

[pat\\_huckeby@yahoo.com](mailto:pat_huckeby@yahoo.com)

**Region 4** – Serves Randolph, Clay, Lawrence, Greene, Craighead, Mississippi, and Poinsett Counties

Operated by *Crowley's Ridge Development Council*

Ms. Dorothy Newsom, PRC Coordinator

P O Box 1497 (520 West Monroe Street)

Jonesboro, AR 72403

(870) 933-0033

Fax: (870) 933-0048

[dnewsom@ritternet.com](mailto:dnewsom@ritternet.com)

**Region 5** – Serves Crawford, Franklin, Logan, Scott, Sebastian, and Polk Counties

Operated by *Harbor House, Inc.*

Ms. Cindy Stokes, PRC Coordinator

P O Box 4207 (615 North 19th Street)

Fort Smith, AR 72914

(479) 783-1916

Fax: (479) 783-1914

[hhiprc@aol.com](mailto:hhiprc@aol.com)

**Region 6** – Serves Johnson, Pope, Conway, Yell, Perry, and Faulkner Counties

Operated by *Community Service, Inc.* with offices in Morrilton, Russellville, and Clarksville

Mr. Terrence Love, PRC Coordinator

P O Box 679 (100 South Cherokee Street)

Morrilton, AR 72110

(501) 354-4589

Fax: (501) 354-5410

[tlove@communityserviceinc.com](mailto:tlove@communityserviceinc.com)

**Region 7** – Serves Cross, Crittenden, St. Francis, Phillips, Lee and Monroe Counties

Operated by Crowley's Ridge Development Council

Mr. Kendon Gray

P. O. Box 344 (116 N. Main)

Brinkley, AR 72021

(870) 734-2423

Fax: (870) 734-1554

[kendongray@sbcglobal.net](mailto:kendongray@sbcglobal.net)

**Region 8** – Serves Clark, Garland, Hot Spring, Montgomery and Pike CountiesOperated by *Family Service Agency*

Ms. Michelle Moore-Rather, PRC Coordinator

1401 Malvern Avenue, Suite 100

Hot Springs, AR 71901

(501) 318-2648

Fax: (501) 624-5636

[mmoore-rather@fsainc.org](mailto:mmoore-rather@fsainc.org)**Region 9** – Serves Pulaski, Saline, Lonoke and Prairie CountiesOperated by *Family Service Agency*

Mr. Hayse Miller, PRC Coordinator

628 West Broadway, Suite 300

North Little Rock, AR 72114

(501)-372-4242 Ext. 328 &amp; 325

Fax: (501) 372-6565

[hmilller@fsainc.org](mailto:hmilller@fsainc.org)**Region 10** – Serves Howard, Sevier, Hempstead, Little River, Lafayette and Miller CountiesOperated by *Southwest Arkansas Counseling & Mental Health Center, Inc.*

Ms. Trena Goings, PRC Coordinator

P O Box 1987 (601 Hazel St.)

Texarkana, AR 71854

(870) 774-2435

Fax: (870) 774-4216

[tgoings@swacmhc.com](mailto:tgoings@swacmhc.com)**Region 11** – Serves Dallas, Calhoun, Union, Columbia, Ouachita and Nevada CountiesOperated by *Health Sciences Education Foundation, South Arkansas*

460 W. Oak

El Dorado, AR 71730

Ms. Susan Rumph, PRC Coordinator

(870) 864-2497, Ext. 151

Fax: (870) 863-9341

[srumph@ahecsa.uams.edu](mailto:srumph@ahecsa.uams.edu)**Region 12** – Serves Grant, Jefferson, Lincoln, Arkansas and Cleveland Counties

(In process of being re-bid at time of publication.)

PRC Coordinator position is vacant. Temporary phone number: (501) 686-9030

**Region 13** – Serves Desha, Drew, Bradley, Ashley and Chicot CountiesOperated by *Phoenix Youth & Family Services*

Mr. Clifford Hawkins, PRC Coordinator

310 N. Alabama Street

P O Box 654

Crossett, AR 71635

(870) 364-1676

Fax: (870) 364-1779

[chawkins@phoenixyouth.com](mailto:chawkins@phoenixyouth.com)

## B.2 Underage Drinking Prevention Task Force Members

### Alcohol and Drug Abuse Prevention (ADAP), Office of

The mission of ADAP is to help Arkansas citizens live productive lives, free from the abuse of alcohol, tobacco, and other drugs. ADAP's policy and philosophy is that the most effective services are community-based and community-supported. To support this, ADAP contracts with local programs to establish an effective network of services. The responsibilities of ADAP remain in funding, licensing, coordination, monitoring, technical assistance and programming in prevention, education, intervention, treatment, training and public information.

ADAP Prevention Services funds:

- ▲ Prevention programs statewide
- ▲ Alcohol Safety Education Programs statewide
- ▲ Prevention services through a network of Prevention Resource Centers that are designed to respond to the needs of particular geographic regions

ADAP Prevention Services provides:

- ▲ Statistical data on state, regional and national issues
- ▲ Workplace prevention activities to help businesses deal with substance abuse issues
- ▲ Technical assistance in program development and modification
- ▲ Advocacy for prevention, intervention and education through community programs throughout the state, annual conferences and ongoing workshops
- ▲ A referral service for treatment and prevention services

#### Office of Alcohol and Drug Abuse Prevention

##### Prevention Services Office

4313 W. Markham, Admin 3rd Floor

Little Rock, AR 72205

501-686-9030

[www.state.ar.us/dhs/dmhs](http://www.state.ar.us/dhs/dmhs)

### Division of Health (DOH)

The DOH has launched a Coordinated School Health Program (CSHP) initiative this year, which will offer an unprecedented opportunity to address underage drinking at community and school district levels.

According to the Center's For Disease Control (CDC), the CSHP model consists of eight interactive components. Underage drinking prevention is part of the Health Education component which includes skill building for decision making. Schools by themselves cannot, and should not, be expected to address the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth, and young people themselves must also be systematically involved. However, schools could provide a critical venue in which many agencies might work together to maintain the well-being of young people. To learn more about the CSHP and its interactive components visit <http://www.cdc.gov/HealthyYouth/CSHP/index.htm>.

The Arkansas Division of Health's website is [www.healthyarkansas.com](http://www.healthyarkansas.com).

Dr. Jennifer Dillaha

AR Division of Health

4815 W. Markham

Little Rock, AR

501-280-4055

[www.healthyarkansas.com](http://www.healthyarkansas.com)

### Alcoholic Beverage Control Enforcement (ABCE)

ABCE is a division of the Arkansas Department of Finance and Administration and is the State Coordinating Agency for the 'Enforcing the Underage Drinking Laws' Grant (EUDL) issued by the federal Office of Juvenile Justice and Delinquency Prevention. ABCE offers funding for education, prevention and enforcement projects throughout the state.

ABCE partners with Mothers Against Drunk Driving, Arkansas Collegiate Drug Education Committee, and law enforcement agencies to conduct compliance checks and enforcement awareness education. ABCE also works closely with minors and provides funding for projects coordinated by peer-led groups of underage youth throughout the state.

#### Alcoholic Beverage Control Enforcement Division

PO Box 2259

Little Rock, AR 72203

501-682-8174

<http://www.arcdec.org>

### Arkansas Collegiate Drug Education Committee (ACDEC)

ACDEC is a collective collaboration of colleges and universities that provide mini-grants of \$600 to \$1000 per semester for programs that focus on alcohol and drug use prevention, with the majority focusing on underage drinking prevention. Each ACDEC-affiliated campus works with a variety of local and state agencies.

Most efforts are centered around two time periods, National Collegiate Alcohol Awareness Week in September and October and SAFE Spring Break in February and early March. ACDEC distributes information about ongoing state and national efforts and funding opportunities and informs ADAP about statewide use of alcohol and other drugs from a collective standpoint. Two ACDEC members serve on the SPF SIG Advisory Committee and its Underage Drinking Prevention Task Force. [www.ardec.org](http://www.ardec.org)

### Arkansas Department of Education (ADE)

ADE addresses underage drinking in several ways. The Arkansas Physical Education and Health Curriculum Framework mandates that school districts/teachers use the Framework to plan and guide instruction. Standard 9 of the Framework (Alcohol, Tobacco, and Other Drugs) states: "Students shall demonstrate the ability to use drug knowledge and decision-making skills to address the usage and abuse of medication, alcohol, tobacco, and other drugs."

(<http://arkansased.org/teachers/frameworks2.html#Health>)

School districts have the option to participate in the Arkansas Prevention Needs Assessment (APNA) Survey. ADE distributes federal funds for the Safe and Drug Free Schools (SDFS) program to all school districts for local school drug and violence prevention and early intervention programs. AR schools utilize model prevention programs to target various populations and age groups.

The Coordinated School Health Program (CSHP) collaborates with the AR Division of Health (DOH) to provide support and resources to school districts. CSHP's goal is to help keep children healthy, support learning and success in school, reinforce positive behaviors, and develop knowledge and skills to make smart choices

(<http://arkansased.org/health/physed.html>). The eight components of the CSHP include:

- ▲ Family/Community Involvement
- ▲ Health Education
- ▲ Nutrition Services
- ▲ Physical Education
- ▲ Counseling and Psychological Services
- ▲ Health Services
- ▲ Healthy School Environment
- ▲ Health Promotion for Staff

**Tammy Harrell, Physical Education and Health Specialist**  
Curriculum, Assessment, and Research

Arkansas Department of Education

#4 Capitol Mall, Rm. 202A

Little Rock, AR 72201-1071

(501) 683-0906

[www.arkansased.org](http://www.arkansased.org)

### Arkansas State Police Highway Safety Office (ASPHSO)

The Arkansas State Police Highway Safety Office (ASPHSO) administers the statewide behavioral highway safety program making effective use of federal and state highway safety funds and other resources for programs designed to save lives and reduce injuries on the state's roads, and provide leadership, innovation and program support in partnership with law enforcement, traffic safety advocates, professionals and organizations. The ASPHSO is also responsible for compiling and analyzing traffic crash data and publishing traffic crash statistics for federal, state and local government use as well as for the public.

Funds received from the National Highway Traffic Safety Administration are administered to programs that primarily focus on the prevention or intervention of alcohol and other drug sales to, or consumption by, underage youth to reduce the number of impaired driving fatalities and injuries in youth. These programs include:

- ▲ Encouraging substance-free events at proms and graduations.
- ▲ Alcohol-server training to reduce or prevent the sale of alcohol
- ▲ Youth intervention with Mothers Against Drunk Driving.
- ▲ Alcohol Beverage Control Enforcement project to deter alcohol sales to underage youth in bars, restaurants and convenience stores.
- ▲ Statewide DUI enforcement campaign to employ overtime officers to focus on impaired underage drivers.

**Arkansas State Police Highway Safety Office**

1 State Police Plaza Drive

Little Rock, AR 72209

501-618-8136

[www.asp.state.ar.us/hso/hso\\_index.html](http://www.asp.state.ar.us/hso/hso_index.html)

## **Mothers Against Drunk Driving (MADD), Arkansas**

MADD's mission is to stop drunk driving, support the victims of this violent crime and to prevent underage drinking. Underage drinking is a major problem. A long-term solution for the impaired driving problem is to require a statewide commitment to alcohol and drug abuse prevention and education.

AR MADD supports implementing comprehensive alcohol/drug education and prevention programs included in curricula for grades K through 12, colleges, universities, trade schools and community-based prevention/education programs for the general population. MADD has staff and volunteers across the state to assist with underage drinking prevention efforts.

### **MADD, Arkansas State Office**

124 West Capitol, Suite 1805

Little Rock, AR 72201

501-376-6100

[www.madd.org](http://www.madd.org)

## **Drug and Alcohol Safety Educational Program (DASEP)**

DASEP, which is a part of ADAP, provides educational services for all court cases identified as Driving While Intoxicated (DWI), Driving Under the Influence (DUI), and Minor in Possession (MIP). These services include information on Arkansas State laws (DWI Omnibus Act), the disease concept of alcoholism, driver's license reinstatement, and other services.

DASEP personnel provide outreach to communities, public schools and colleges and conduct trainings in each of the 14 catchment areas that specifically deal with responsible use of alcohol and other legal drugs. DASEP offices coordinate and collaborate with the Prevention Resource Centers (PRCs), schools, local health units, hospitals, MADD, churches and other advocacy groups to help disseminate information to underage youth in those areas. Funding is provided through State Special Revenue and fees collected from participants in the DWI/DUI/MIP classes, as stipulated by the Omnibus DWI Act §5-65-115, and issues seven-year renewable yearly contracts.

### **Office of Alcohol and Drug Abuse Prevention**

#### **DASEP**

4313 W. Markham, Admin 3rd Floor

Little Rock, AR 72205

501-686-9858

[www.arkansas.gov/dhhs/dmhs/ADAP%20Providers.htm](http://www.arkansas.gov/dhhs/dmhs/ADAP%20Providers.htm)

## **State Epidemiological Workgroup (SEW)**

The SEW was developed for, and is funded by, ADAP's Strategic Prevention Framework (SPF) State Incentive Grant (SIG). Its immediate purpose is to be a "data bank" of state and county level data during the course of the grant. The SEW's larger purpose is to bring systematic analytical thinking to the causes and consequences of the use of alcohol, tobacco, and other drugs in order to effectively utilize prevention resources and promote data-driven decision making in all stages of the SPF.

The SEW is directed by the University of Arkansas for Medical Sciences (UAMS) Department of Psychiatry. The SEW membership includes professionals from the Department of Health & Human Services, the Department of Education, the Arkansas Commission on Child Abuse, Rape & Domestic Violence, the University of Arkansas at Little Rock, the University of Central Arkansas, and the U.S. Drug Enforcement Administration.

### **Dr. Brenda Booth, SEW Chair**

University of Arkansas for Medical Sciences, College of Medicine

Department of Psychiatry, Division of Health Services Research

5800 W. 10th St., Ste 605

Little Rock, AR 72204

501-660-7503

[www.uams.edu](http://www.uams.edu)



## B.3 Other Capacity-Building Resources

### State Organizations

#### **Alcohol and Drug Abuse Prevention (ADAP), Office of**

Arkansas' state office designated as the lead agency responsible for substance abuse prevention and treatment, which is located within the Arkansas Department of Human Services (DHHS), Division of Behavioral Health Services (DBHS). [www.state.ar.us/dhs/dmhs](http://www.state.ar.us/dhs/dmhs)

#### **Arkansas Alcohol and Drug Abuse Coordinating Council**

A body created by legislation with the responsibility for overseeing all planning, budgeting, and implementation of expenditure of state and federal funds allocated for alcohol and drug education, prevention, treatment, and law enforcement. [www.state.ar.us/dhs/dmhs](http://www.state.ar.us/dhs/dmhs)

#### **MidSOUTH Prevention Institute (MSPI)**

A workforce development initiative that strives to assist prevention professionals in their efforts to plan, implement, and evaluate science-based programming around the prevention of substance abuse, violence, and other high-risk behaviors. Prevention Institute resources include training, technical assistance, and a resource library housed on the UALR campus. The Prevention Institute provides training on a variety of prevention topics reflecting the most current, science-based approaches to prevention. <http://www.midsouth.ualr.edu/pi/>

### Federal/National Organizations

#### **Center for Substance Abuse Prevention (CSAP)**

The lead federal substance abuse prevention agency under the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. [www.samhsa.gov](http://www.samhsa.gov)

#### **Community Anti-Drug Coalitions of America (CADCA)**

CADCA provides new and existing coalitions with training, technical assistance, and guidance on public policy and media strategies, and other types of support. [www.cadca.org](http://www.cadca.org)

#### **FACE: Resources, Training and Action on Alcohol Issues**

FACE is a national nonprofit organization that supports sensible alcohol practices through the development of messages, strategies and training designed to create public awareness and action on alcohol issues. [www.faceproject.org](http://www.faceproject.org)

#### **Join Together**

A project of the Boston University School of Public Health, Join Together provides news, action alerts and other information that supports community-based efforts to reduce, prevent and treat substance abuse. [www.jointogether.org](http://www.jointogether.org)

#### **Leadership to Keep Children Alcohol Free**

A unique coalition of governor's spouses, federal agencies, and public and private organizations, which is an initiative to prevent the use of alcohol by children ages 9 to 15. It is the only national effort that focuses on alcohol use in this age group. [www.alcoholfreechildren.org](http://www.alcoholfreechildren.org)

#### **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

Part of the National Institutes of Health, NIAAA conducts, supports and disseminates scientific research on the health effects of alcohol consumption as well as on alcohol prevention and treatment. Among NIAAA's resources is the Alcohol Policy Information System ([www.alcoholpolicy.niaaa.nih.gov](http://www.alcoholpolicy.niaaa.nih.gov)), a comprehensive database of state and federal alcohol policies. [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

#### **Substance Abuse and Mental Health Administration (SAMHSA)**

An administration unit located within the U.S. Department of Health and Human Services housing the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse Treatment (CSAT), and the Center for Mental Health Services (CMHS). [www.samhsa.gov](http://www.samhsa.gov)

#### **Underage Drinking Enforcement Training Center**

This Training Center was established by the Office of Juvenile Justice and Delinquency Prevention (within the U.S. Department of Justice) to support its Enforcing Underage Drinking Laws Program. Its Mission is to build leadership capacity and increase the effectiveness of States and local communities in their efforts to enforce underage drinking laws, prevent underage drinking, and eliminate the devastating consequences associated with alcohol use by underage youth. The Center achieves this goal by providing a wide variety of science-based, practical, and effective training and technical assistance services. The Center is a project of the Pacific Institute for Research and Evaluation (PIRE) and may be accessed online at [www.udetc.org](http://www.udetc.org).

## Appendix C – Community Planning Resources

### C.1 Risk and Protective Factor Framework

The following graphic supports a public health model using a theoretical framework of risk reduction and protection enhancement. Developments in prevention and intervention science have shown that there are characteristics of individuals, their families and their environment (i.e., community, neighborhood, school) that affect the likelihood of negative outcomes including substance abuse, delinquency, violence, and school dropout. Other characteristics serve to protect or provide a buffer to moderate the influence of the negative characteristics. These characteristics are identified as risk factors and protective factors. (Arthur, Hawkins, et al., 1994), (Hawkins, Catalano, Miller, 1992).\*

To see a thorough explanation of the Communities that Care Risk and Protective Factors Scale Construction Summary, go to the “U.S. Department of Health and Human Services and SAMHSA’s National Clearing House for Alcohol and Drug Information” (NCADI) website at [http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/RPF\\_Dictionary.pdf](http://download.ncadi.samhsa.gov/Prevline/pdfs/ctc/RPF_Dictionary.pdf)

	Risk Factors	Adolescent Problem Behavior						Protective Factors	Social Development Model (SDM)
Domains	<i>Risk factors are characteristics of individuals, their family, school, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors have been identified that increase the likelihood that children and youth may develop such problem behaviors.</i>	Substance Abuse	Depression & Anxiety	Delinquency	Teen Pregnancy	School Drop-Out	Violence	<i>Factors associated with reduced potential for drug use are called protective factors. Protective factors encompass family, social, psychological, and behavioral characteristics that can provide a buffer for the children and youth. These factors mitigate the effects of risk factors that are present in the child or youth's environment.</i>	<i>SDM is a synthesis of three existing theories of criminology (control, social learning, and differential association). It incorporates the results of research on risk and protective factors for problem behaviors and a developmental perspective of age, specific problem, and prosocial behavior. It is based on the assumption that children learn behaviors.</i>
Community	Availability of alcohol/other drugs	✓					✓	Opportunities for prosocial involvement in community	<pre> graph TD     IC([Individual Characteristics]) --&gt; O[Opportunities]     IC --&gt; S[Skills]     IC --&gt; R[Recognition]     O --&gt; B((Bonding • Attachment • Commitment))     S --&gt; B     R --&gt; B     B --&gt; HBCS([Healthy Beliefs &amp; Clear Standards])     HBCS --&gt; HB[Healthy Behaviors]   </pre>
	Availability of Firearms			✓			✓	Recognition for prosocial involvement	
	Community laws and norms favorable to drug use, firearms, and crime	✓		✓			✓		
	Transitions and mobility	✓	✓	✓		✓			
	Low neighborhood attachment and community disorganization	✓		✓			✓		
	Media Portrayals of Violence						✓		
	Extreme economic deprivation	✓		✓	✓	✓	✓		
Family	Family history of the problem behavior	✓	✓	✓	✓	✓	✓	Bonding to family with healthy beliefs and clear standards.	
	Family management problems	✓	✓	✓	✓	✓	✓	Attachment to family with healthy beliefs & clear standards	
	Family conflict	✓	✓	✓	✓	✓	✓	Opportunities for prosocial involvement	
	Favorable parental attitudes and involvement in problem behaviors	✓		✓			✓	Recognition for prosocial involvement	
School	Academic failure beginning in late elementary school	✓		✓	✓	✓	✓	Bonding and Attachment to School	
	Lack of commitment to school	✓		✓	✓	✓	✓	Opportunities for prosocial involvement Recognition for prosocial involvement	
Individual / Peer	Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓	Bonding to peers with healthy beliefs and clear standards.	
	Rebelliousness	✓		✓		✓		Attachment to peers with healthy beliefs & clear standards	
	Friends who engage in the problem behavior	✓		✓	✓	✓	✓	Opportunities for prosocial involvement	
	Favorable attitudes toward the problem behavior (including low perceived risk of harm)	✓		✓	✓	✓		Increase in Social skills	
	Early initiation of the problem behavior	✓		✓	✓	✓	✓		
	Constitutional factors	✓	✓	✓			✓		

\* Excerpt from *State of Arkansas Strategic Prevention Framework*, ADAP, March 2005, p. 25



## C.2 Strategic Prevention Framework (SPF)

The SPF is a major SAMHSA initiative that includes a five-step logic model: Assessment, Capacity, Planning, Implementation, and Evaluation. The two elements integral to the logic model and the steps are Cultural Competence and Sustainability. The SPF is the planning approach that SAMHSA's CSAP requires for prevention grants supported by their funds. ([www.preventionplatform.samhsa.gov](http://www.preventionplatform.samhsa.gov))

The following SPF logic model components are briefly explained below. (Definitions were taken from the Glossary of CSAP's online resource, Prevention Platform at [www.preventionplatform.samhsa.gov](http://www.preventionplatform.samhsa.gov), and <http://prevention.samhsa.gov>.)

**Assessment** – The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- ▲ Understand a population's needs
- ▲ Review the resources that are required and available
- ▲ Identify the readiness of the community to address prevention needs and service gaps.

**Capacity** – The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions. Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity.

**Planning (Strategic)** – A disciplined and focused effort to produce decisions and activities to guide the successful implementation of an intervention. Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community.

**Implementation** – The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

**Evaluation** – Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

**Cultural Competence** – The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized with implementer/client involvement in all phases of the implementation process, as well as in the interpretation of outcomes.

**Sustainability** – The likelihood of a program to continue over a period of time, especially after grant monies disappear.

## Appendix D – Intervention Strategies and Programs for Implementation

### D.1 Guiding Principles and Best Practices for Prevention

**Best Practices** are practices that incorporate the best objective information currently available regarding effectiveness and acceptability. This website helps users to choose the best prevention programs based on a set of specific criteria. <http://casat.unr.edu/resources.html>. Click on “Best Practices Database.”

**National Registry of Evidence-based Programs and Practices (NREPP).** This website is a comprehensive source of information on evidence-based model programs. [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov). See also Appendix A.2.

**CSAP’s Prevention Pathways for Environmental Strategies** [http://pathwayscourses.samhsa.gov/ev/ev\\_toc.htm](http://pathwayscourses.samhsa.gov/ev/ev_toc.htm)

### D.2 Environmental and Individual Prevention Strategies

The most effective prevention plans will use both **environmental** and **individual** substance abuse prevention strategies.

**Environmental Strategies** – Strategies that are focused on the “environment” can fall within various domains, as can those that focus on individuals and families. Environmentally-focused strategies address policies, norms, expectations, regulations and enforcement within a shared environment with others in a community. Such strategies tend to: (1) have greater reach (affecting more individuals) and less strength (intensity per individual); (2) be longer in duration; and (3) show more rapid results. These strategies seek to establish or change community standards, codes, and attitudes, thereby influencing the incidence and prevalence of alcohol abuse in the general population. (Wisconsin Clearinghouse for Prevention Resources <http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Environment.html>)

**Individual Strategies** – Individual strategies focus on enhancing individuals’ abilities to resist temptations to use substances. These strategies provide information, skills training, and opportunities for personal development through a variety of programs, including school-based curricula, mentoring, and peer education and counseling. The goal of such efforts is to reduce the probability of substance abuse by changing characteristics of individuals. (Deborah A. Fisher, *Environmental Prevention Strategies: An Introduction and Overview*. See online at: <http://wch.uhs.wisc.edu/docs/SIG/fisher-EnvironmentalPreventionStrategies.pdf> )

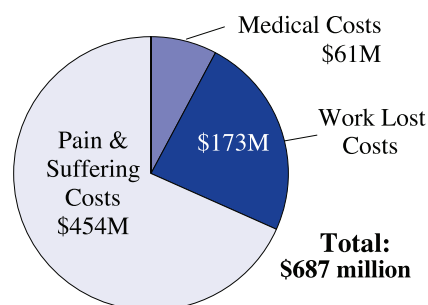
## Appendix E – Underage Drinking in Arkansas, The Facts\*

Tragic health, social, and economic problems result from the use of alcohol by youth. Underage drinking is a causal factor in a host of serious problems, including homicide, suicide, traumatic injury, drowning, burns, violent and property crime, high risk sex, fetal alcohol syndrome, alcohol poisoning, and need for treatment for alcohol abuse and dependence.

### *Problems and Costs Associated with Underage Drinking in Arkansas*

Underage drinking cost the citizens of Arkansas \$687 million in 2005. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth.<sup>1</sup> This translates to a cost of \$2,507 per year for each youth in the State. Arkansas ranks 8<sup>th</sup> highest among the 50 states for the cost per youth of underage drinking. Excluding pain and suffering from these costs, the direct costs of underage drinking incurred through medical care and loss of work cost Arkansas \$234 million each year.

**Costs of Underage Drinking  
Arkansas 2005**



**Costs of Underage Drinking by Problem, Arkansas 2005**

Problem	Total Costs (in millions)
Youth Violence	\$338.6
Youth Traffic Crashes	\$206.4
High-Risk Sex, Ages 14-20	\$64.6
Youth Property Crime	\$31.5
Youth Injury	\$19.1
Poisonings and Psychoses	\$3.8
FAS Among Mothers Age 15-20	\$12.3
Youth Alcohol Treatment	\$10.9
<b>Total</b>	<b>\$687.2</b>

Youth violence and traffic crashes attributable to alcohol use by underage youth in Arkansas represent the largest costs for the State. However, a host of other problems contribute substantially to the overall cost. Among teen mothers, fetal alcohol syndrome (FAS) alone costs Arkansas \$12.3 million.

Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more

likely to become abusers of alcohol than those who begin drinking at age 21.<sup>2</sup> In 2004, 393 youth 12- 20 years old were admitted for alcohol treatment in Arkansas, accounting for 6% of all treatment admissions for alcohol abuse in the State.<sup>3</sup>

### *Alcohol Consumption by Youth in Arkansas*

Underage drinking is widespread in Arkansas. Approximately 124,000 underage youth in Arkansas drink each year. In 2005, according to self-reports by Arkansas students in grades 9-12:<sup>4</sup>

- 76% had at least one drink of alcohol on one or more days during their life.
- 31% had their first drink of alcohol, other than a few sips, before age 13.
- 43% had at least one drink of alcohol on one or more occasion in the past 30 days.
- 30% had five or more drinks of alcohol in a row (i.e. binge drinking) in the past 30 days.
- 5% had at least one drink of alcohol on school property on one or more of the past 30 days.

In 2005, underage drinkers consumed 20.1% of all alcohol sold in Arkansas, totaling \$168 million in sales. These sales provided profits of \$81 million to the alcohol industry.<sup>1</sup>

Produced by the Pacific Institute for Research and Evaluation (PIRE), October 2006.

<sup>1</sup> Miller, TR, Levy, DT, Spicer, RS, & Taylor, DM. (2006) Societal costs of underage drinking *Journal of Studies on Alcohol*, 67(4) 519-528.

<sup>2</sup> Grant, B.F., & Dawson, D.A. (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the Nation Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 9: 103-110.

<sup>3</sup> Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS). (2004). *Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race, and Ethnicity*.

<sup>4</sup> Center for Disease Control (CDC). (2005). Youth Risk Behavior Surveillance System (YRBSS).

\*Retrieved on December 12, 2006, from the Pacific Institute for Research and Evaluation's (PIRE) website at [www.udetc.org/factsheets/Arkansas.pdf](http://www.udetc.org/factsheets/Arkansas.pdf)

# GLOSSARY OF KEY TERMS

## **Arkansas Prevention Needs Assessment Student Survey (APNA)**

An annual survey, sponsored by the Arkansas Office of Alcohol and Drug Abuse Prevention (ADAP), measures the risk and protective factors for prevention services among public school students in grades 6, 8, 10, and 12 in the areas of substance abuse, delinquency, antisocial behavior and violence.

**ATOD** – Alcohol, Tobacco, and Other Drugs.

**Center for Substance Abuse Prevention (CSAP)** Under SAMHSA, CSAP is the lead Federal agency for substance abuse prevention and makes grants to State and local governments and private organizations to engage in a wide variety of prevention activities.

**Coalitions** – A combination of groups or individuals formed to pursue specific objectives through joint action. Examples are members of state or civic organizations, nonprofits, task forces, and other similar alliances.

**Community** – A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction.

**Culture** – The values, traditions, norms, customs, arts, history, folklore, and institutions shared by a group of people who are unified by race, ethnicity, language, nationality, or religion.

**DUI & DWI** – DUI/DWI in Arkansas is blood alcohol content (BAC) of .08% or greater. DUI (driving under the influence) is the term that refers to charges for drivers under 21 who had a BAC of .02% to .08%. DWI (driving while intoxicated) generally refers to the adult offense.

**Environmental Strategies** – Strategies that seek to establish or change community standards, codes, and attitudes, thereby influencing the incidence and prevalence of substance abuse in the general population. (*Substance Abuse Prevention, The Intersection of Science and Practice*, 2003, p. 31.)

**Evidence-based Programs (EBP)** – Successful, well-implemented, and well-evaluated programs that have been reviewed by NREPP according to rigorous standards of research.

**Graduated Drivers' License Laws** – Designed to gradually introduce new drivers to different driving circumstances, Graduated Drivers' License Laws (GDL) usually allow beginners to gain experience driving as they move from a highly-supervised permit, to a supervised license with restriction, and then to a full-privileged driver's license.

**Logic Model** – A logic model is a diagrammatic representation of a theoretical framework. A logic model describes the logical linkages among program resources, conditions, strategies, short-term outcomes, and long-term impact. (Retrieved from [http://www.samhsa.gov/Grants06/RFA/sp06\\_002\\_sig.pdf](http://www.samhsa.gov/Grants06/RFA/sp06_002_sig.pdf) on Dec.5, 2006.)

**National Outcome Measures (NOMs)** – A set of outcome measures based on 10 domains created by SAMHSA and the States to manage and measure the performance of all SAMHSA grant programs.

**National Registry of Evidence-based Programs and Practices (NREPP)** – NREPP is a system designed to support informed decision-making and to disseminate timely and reliable information about interventions that prevent and/or treat mental and substance use disorders.

**Norms/Social Norms** – A rule or standard of behavior expected of each member of a social group.

**Omnibus Law** – As related to underage drinking, a statute that combines the various DWI/DUI laws into a single statute.

**Prevention** – A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. To learn more, visit SAMHSA's Prevention Platform online at <http://preventionplatform.samhsa.gov>.

**Risk and Protective Factor Framework** – A body of research giving direction to communities about how to design programs to prevent youth from developing substance abuse problems. The research focuses on risk/protective factors which increase/decrease the likelihood youth will develop problem behaviors such as substance abuse (see Appendix C.1).

**Social Host Laws** – Laws that hold non-commercial servers of alcohol, such as homeowners or parents, liable in the event that they provide alcohol to a minor or an obviously inebriated individual who later becomes involved in an accident that causes injury or death to a third party.

**Stakeholder** – A stakeholder is an individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

**Substance Abuse and Mental Health Services Administration (SAMHSA)** – SAMHSA is a division within the Department of Health and Human Services, and the umbrella agency housing the Centers for Mental Health Services (CMHS), Substance Abuse Prevention (CSAP), and Substance Abuse Treatment (CSAT). SAMHSA is committed to preventing the onset and reducing the progression of mental illness, substance abuse, and substance-related problems among all individuals, including youth.

**State of Arkansas Strategic Prevention Framework Booklet** – A 2005 publication that describes a risk reduction and protection enhancement prevention theory that guides agencies, schools, community organizations and coalitions, networks, and families in working together to prevent children from engaging in problem behaviors such as school dropout substance abuse, delinquency, and violence. It can be downloaded at [http://www.arkansas.gov/dhhs/dmhs/adap\\_survey.htm](http://www.arkansas.gov/dhhs/dmhs/adap_survey.htm).

**Strategic Prevention Framework (SPF)** – The SPF is a major SAMHSA initiative that includes a five-step logic model (Assessment, Capacity, Planning, Implementation, and Evaluation). Two integral components to the logic model are Cultural Competency and Sustainability (see Appendix C.2).



# ADULT/PARENT'S UNDERAGE DRINKING PREVENTION CHECKLIST

## ***How can I prevent underage drinking?***

### HOME

- ☐ *I do not allow underage alcohol consumption in my home.*
- ☐ *I monitor alcohol in my home and keep it locked away.*
- ☐ *I will instruct my child to refuse to ride with a driver who has been drinking.*

### SOCIAL CIRCLE

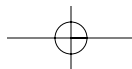
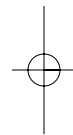
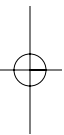
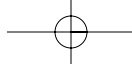
- ☐ *I check with other parents to ensure that alcohol is not served at parties or events where my child may attend.*
- ☐ *I model responsible behavior when attending social events where alcohol is served, for example, always have a designated driver.*

### COMMUNITY

- ☐ *I send letters to the editor of the newspaper in support of enforcement of underage drinking laws.*
- ☐ *I organized or joined a local coalition involving parents, educators, law enforcement, civic groups, and businesses and community leaders to prevent underage drinking.*

### SCHOOL

- ☐ *I ask about school policies on underage drinking; support uniform application of policies.*
- ☐ *I encourage school district participation in the Arkansas Prevention Needs Assessment Student Survey (APNA) to ensure accurate data reporting. This will help position the community for planning effective prevention efforts that could receive grant funds.*



## Endnotes

<sup>1</sup>**Fatality Analysis Reporting System (FARS)** of the National Highway Traffic Safety Administration (NHTSA), Department of Transportation, available through the State Epidemiology Data System (SEDS).

<sup>2</sup>Imm, Pamela, Chinman, Matthew, and Wandersman, Abraham in collaboration with Join Together, **Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting to Outcomes to Achieve Results**. (Boston: Boston University School of Public Health.) Retrieved December 5, 2006, from the University of South Carolina, College of Arts and Sciences:  
<http://www.cas.sc.edu/psyc/PDFDocs/WanderPreventUnderageDrink.pdf>

<sup>3</sup>Nasaw, Daniel. **Wet versus dry? Study compares traffic fatalities**, *Arkansas Democrat-Gazette*, September 10, 2006, sec. A: 8.

<sup>4</sup>Hogan, Gabrielsen, Luna, & Grothhaus. **Substance Abuse Prevention: The Intersection of Science and Practice**. Reno, Nevada, University of Nevada. (Pearson Education, Inc., 2003, pp. 31, 36 – 38.)

<sup>5</sup>Bliss, Hoan-Rappaport, and Leiber. **Solutions to Community Alcohol Problems, A Roadmap for Environmental Prevention**. (San Rafael, CA: Marin Institute, 2005, p. 7.)

<sup>6</sup>Imm, Chinman, and Wandersman, op. cit.

<sup>7</sup>Ibid.

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**For more information about underage drinking prevention, contact:**  
**Office of Alcohol and Drug Abuse Prevention**  
**Prevention Services**  
**501-686-9030**



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